



DOMESTIC TAXES DEPARTMENT

EMPLOYER: LVCT Health
 TAX DEDUCTION CARD YEAR :

Total								

NAME : LVCT Health.....
 ADDRESS : P.O BOX
 SIGNATURE :
 DATE & STAMP :

NOTE : Employee's certificate to be signed by the person who prepares and submits to the PAYE End of Year Returns and copy of the P9A be issued to the employee in January.